



Jamhuri ya Muungano wa Tanzania

United Republic of Tanzania

Pharmacy Council

Exchequer Receipt

Stakabadhi ya Malipo ya Serikali

Receipt No : **925204350897927**

Received from : **BELARD PHARMACY**

Amount : **100,000.00**

Amount in Words : **One Hundred Thousand TZS And Zero Cent(s) Only**

Outstanding Balance : **0.00**

In respect of	Item Description(s)	Item Amount
: 142202540104 - Application for change of name/ ownership - ALTERATION OF OWNERSHIP	100,000.00	

Total Billed Amount : 100,000.00 (TZS)


Bill Reference : 16213204251513560456

Payment Control Number : **991620322731**

Payment Date : **2025-07-23 13:37:31**

Issued by : Zena Mango

Date Issued : 2025-07-23 14:01:32

Signature : 

Government Payment Gateway © 2017 All Rights Reserved (GePG)

NEW OWNERSHIP: (IF DIFFERENT FROM PREVIOUS ONE)

Directors (Names):

1. EVA Y. MIECHU Qualification: PA. TECHNICIAN
2. Qualification:
3. Qualification:

SUPERINTENDANT INFORMATION: (IF DIFFERENT FROM PREVIOUS ONE)

Full Name: PIN:

Residential Address: Tel: Email:

Contract commencement date: Cessation date

SECTION C: REASON(S) FOR PARTICULAR ALTERATION

1. sale of business
-
-
2.
-
-

SECTION D: APPLICANT INFORMATION

Name of Applicant: EVA Y. MIECHU

(Contact/email if different from the above)

Address: P.O. BOX 34091 Tel: 0656 323500 E-mail: evayus01@gmail.com

Signature of Applicant: [Signature] Date: 15/07/2025

SECTION E: APPLICANT DECLARATION

I hereby declare to the best of my sanity that the information provided is valid and there are mutual agreements of terms between parties.

Signature of Applicant: [Signature] Date: 15/07/2025

SECTION F: REQUIRED ATTACHMENT

Please attach the following documents depending on your proposed changes:

1. TAX CLEARANCE CERTIFICATE
2. Copy of lease agreement or title deed
3. Memorandum of Understanding
4. Certificate of registration from BRELA
5. Copy of Director(s) ID
6. Original Premises Registration Certificate (For Alteration No. 1 or 2)

a hpie 100,000/2
23/7/2025
PCF.14

PHARMACY COUNCIL



APPLICATION FOR ALTERATION (Under Section 35 (1) of Pharmacy Act, 2011)

Registrar,
Pharmacy Council,
P.O. Box 1277,
Dodoma.

APPLICATION FOR CHANGE OF:

1. PREMISES LOCATION ☐
2. BUSINESS NAME ☐
3. BUSINESS OWNERSHIP ☒

SECTION A: APPLICANT CURRENT INFORMATION:

NAME OF PREMISES: BELARD PHARMACY FIN.....

TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. Street: SINZA MAKABURINI Ward: SINZA B
District/Municipal: URUNGO Region: DAR-ES-SALAAM
POSTAL ADDRESS: P.O. BOX 61064 Contact No. 0655 620078
E-mail: belardpharmacy.makaburini@gmail.com

OWNERSHIP:

Directors (Names): 1. REGINALD S. JOSEPH Qualification:
2. Qualification:
3. Qualification:

SUPERINTENDANT INFORMATION:

Full Name: NEILLE MWAHUKAMBU PIN: 0102024
Residential Address: TOMBO DOVYA Tel: 0655203332 Email: neillesanjuli@gmail.com
Contract commencement date: 01/07/2025 Cessation date: 30/06/2026

SECTION B: PROPOSED CHANGES:

NAME OF THE NEW PREMISES: BELARD PHARMACY

TYPE OF BUSINESS: Retail Pharmacy ☒ Wholesale Pharmacy ☐ Warehouse ☐

PHYSICAL ADDRESS:

Plot No. Street: SINZA - MAKABURINI Ward: SINZA B
District/Municipal: URUNGO Region: DAR-ES-SALAAM
POSTAL ADDRESS: P.O. BOX 61064 CONTACT No. 0656 323880



THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF HEALTH

PHARMACY COUNCIL



DECLARATION FORM FOR PHARMACY OWNERS WHO ARE PHARMACEUTICAL PERSONNEL

(Made under Section No. 43 (1) (a) of the Pharmacy Act 2011)

Cadre: Pharmacist ☐ Pharm. Technician ☒ Pharm. Assistant ☐ Pharm. Dispenser ☐

Owner's Responsibilities: Superintendent ☐ Other Pharmaceutical Personnel ☒

I EVA YUSTO MSEGHE with Personal Identification Number
(PIN) 0400152 of Year 2006, residing at UBUNGO district, in DAR-ES-SALAAM
Region, Hereby declares that:

I am a Sole proprietor/shareholder of pharmaceutical business named BELARD PHARMACY
, with Facility Identification Number (FIN) 0101419 of year 2021, located at UBUNGO
District, DAR-ES-SALAAM Region with a Business Tax Identification Number (TIN) 139-364-392
(TIN Certificate to be attached)***.

As the owner of the named pharmacy, I shall abide to all obligations as a proprietor and I will
comply with the Laws, Regulations, Guidelines and Standards prescribed by the Council and
other relevant authorities in running the business of a pharmacist.

In case I fail to adhere to these legislations, I shall be responsible and liable for being
subjected to a professional misconduct.

Phone: 0656323880 Email Address: evayusto1@gmail.com

Signature: E.Y. Mseghe Date: 21/07/2025

NOTE: This form shall be a substitute of the **Contract agreement** to pharmacists / Other Pharmaceutical Personnel who
owns a pharmacy at same time they are superintendent/practice as other pharmaceutical personnel in the pharmacy.
In this case, the owner shall abide to obligations/ scope of practice as stated under The Pharmacy (Pharmacy Practice and
the Conduct of Business of Pharmacy) Regulations, 2020.

*** Mandatory



THE UNITED REPUBLIC OF TANZANIA
PHARMACY COUNCIL



LICENSE TO PRACTICE

The Pharmacy Act

(Made under Sect.26 of The Pharmacy Act No. 1 of 2011)

I Hereby Certify that

EVA YUSTO

PIN NO: 0400152

Having complied with the provision of Section 26 of The Pharmacy Act, Cap 311
is entitled to practice as a **Pharmaceutical Technicians** upon the
terms and subject to the conditions set forth in the
aforesaid Act and its Regulations thereto.

Issued: **01 September 2006**

Expires on: **31 December 2025**

**Registrar
Pharmacy Council**





TANZANIA REVENUE AUTHORITY

ISO 9001: 2015 CERTIFIED

TAX CLEARANCE CERTIFICATE

(Issued Under Regulation 103 of Tax Administration (General) Regulations, 2016)

Licencing Authority; TIN : 133-591-451

HALMASHAURI YA MANISPAA YA UBUNGO

KIBAMBA

55068

DAR ES SALAAM

Tax Certificate Number:

131-0236-1830

Issuing Office: Kinondoni

Telephone: 022-2771841

Date of issue: 15 April 2025

Expiry Date: 31 December 2025

Taxpayer Name	REGINALD SIMON JOSEPH		
Trading Name	BELARO PHARMACY		
Taxpayer Identification Number	104-324-282	Vat Registration Number	
Company Registration Number			

Business Premises located at :
REGION : DAR ES SALAAM,
DISTRICT : KINONDONI,
STREET : KIMARA B-S/MSINGI KIMARA B

This is to certify that the above registered Taxpayer has complied with tax laws and has been granted Tax Clearance Certificate with respect to the following business(es):

- | | |
|---|---|
| 1 | Retail sale of pharmaceutical and medical goods, cosmetic and toilet articles in specialized stores |
|---|---|

Alfred T. Mregi

COMMISSIONER FOR DOMESTIC REVENUE

15 April 2025



Disclaimer :

1. This certificate is issued free of charge
2. This certificate should be tendered in its original form and it is valid only if it is embossed with QR Code
3. This Tax Clearance Certificate shall not preclude the Commissioner General from demanding and recovering taxes established after issuance of this Certificate.

MKATABA WA KUPANGISHA NYUMBA

Mkataba huu umefanyika leo tarehe 01 Mwezi 01 Mwaka 2025
Kati ya Ndugu LUQMAN A. SHABAN atajulikana kama Mpangishaji.

NA

Ndugu REGNARD S. JOSEPH ambaye kwa mujibu wa mkataba huu atajulikana kama Mpangaji.

Mpangaji anapanga nyumba iliyopo SINZA Kata ya SINZA B eneo SINZA MAKABURIA

Kwa makubaliano yafuatayo:-

1. Mkataba huu ni kwa kipindi cha MIEZI 12 kuanzia 01/01/2025 hadi 31/12/2025
2. Kodi ya nyumba kwa mwezi ni shilingi 250,000 ambayo italipwa kwa kipindi cha MIEZI 12 ambayo itakuwa Tshs. 3,000,000
3. Nyumba hii inapangishwa kwa ajili ya matumizi ya kuishi
4. Mpangaji ana wajibu wa kulipa kodi za nyumba kwa wakati kwa mujibu wa makubaliano pamoja na gharama zote za umeme na maji katika kipindi cha mkataba.
5. Mpangaji anatakiwa kuhakikisha kuwa nyumba inakuwa katika hali ya usafi wakati wote pamoja na mazingira yake.
6. Mpangishaji anatakiwa kukabidhi nyumba ikiwa katikahali ya ubora pamoja na kuhakikisha vifaa vyote vikosalama na vinafanya kazi bila usumbufu.
7. Mpangaji hatakiwi kufanya marekebisho yoyote katika nyumba bila makubaliano na mwenye nyumba.
8. Endapo mpangaji anataka kuhama nyumba au hataendelea na mkataba nyumba kwenye nyumba hii basi anatakiwa atoe taarifa ya mwezi mmoja (1) halikadhalika mwenye nyumba (mpangishaji) endapo atahitaji nyumba yake kwa matumizi mengine basi atatoa taarifa ya mwezi mmoja (1).

Kwa kuthibitisha makubaliano haya, pande zote zimeweka sahihi zao

Imetiwa sahihi na kutolewa Dar es Salaam.
Na LUQMAN A. SHABAN
Leo tarehe 01 mwezi 01 mwaka 2025

Imetiwa sahihi na kutolewa Dar es Salaam
Na REGNARD S. JOSEPH
Leo tarehe 01 mwezi 01 mwaka 2025

Shahidi wa mwenye nyumba
Jina LUCY B. MASSAWE

Shahidi wa mpangaji
Jina PROSPER MUKHI

MWENYE NYUMBA

MPANGAJI

Sahihi

Sahihi



MEMORANDUM OF UNDERSTANDING

BETWEEN

MR. REGINALD SIMON JOSEPH

AND

MRS. EVA YUSTO MSECHU

**ALTERATION AND CHANGE OF BUSINESS
OWNERSHIP OF BELARO PHARMACY AT SINZA
MAKABURINI, DAR ES SALAAM**

*Dar es Salaam
July, 2025*



THIS MEMORANDUM OF UNDERSTANDING(MOU) is made on this **14th** day of **July** 2025;

BETWEEN

MR. REGINALD SIMON JOSEPH, a natural person owns a Business Name of **BELARO PHARMACY** with Registration No. 438886 of Postal Office Box 61064, Dar es Salaam (hereinafter referred to as **"The Owner"**), which expression shall include when the context so admits its successors and assignees) of the one part;

AND

MRS. EVA YUSTO MSECHU of P.O. Box 34091, DAR ES SALAAM, (hereinafter referred to as **"The Transferee/New Owner"**), which expression shall include its legal successors and permitted assignees), in the second party.

WHEREAS, MR. REGINALD SIMON JOSEPH the owner of **BELARO PHARMACY** is the owner of the pharmacy situated at Sinza Makaburini, Ubungo District, Dar es Salaam commonly known as **BELARO PHARMACIES** (hereinafter referred to as Original Owner) which he desires to transfer his ownership to **MRS. EVA YUSTO MSECHU** (hereinafter referred to as the Transferee/New Owner).

AND WHEREAS, the Owner vide a settlement discussion with the Transferee made on **14th July 2025** has accepted to transfer the ownership for the amount of **Tanzania Shillings Ten Million One Hundred and Fifty Thousands (Tshs. 10,150,000/=)** as a purchasing price for that pharmacy and it's containing products.

AND WHEREAS, the Transferee/New Owner agrees to pay the above said amount today in full amount from the date of signing this contract.

AND WHEREAS, The Original Owner has suffered difficulties in operations of the business mentioned due to financial difficulties and lack of enough time of supervision the same.

NOW IT IS HEREBY AGREED AS FOLLOWS:

CLAUSE 1: GENERAL PRESCRIPTION AND INTERPRETATION:

In this memorandum of understanding herein known as Memorandum of understanding unless otherwise requires, the following are the meaning.

- 1.1. The **Owner/Original Owner** means **MR. REGINALD SIMON JOSEPH**.
- 1.2. **Transferee/New Owner** means **MRS. EVA YUSTO MSECHU**.
- 1.3. Words importing any gender shall include every other gender.

- 1.4. Headings are included in this agreement for conveniences only and shall not be deemed to affect the interpretation of this Agreement.

NOW THEREFORE THIS AGREEMENT WITNESSES as follows:

1.0 DEMISE:

Under this Agreement, the Owner, demised unto the Transferee the demised premises for pharmacy business to hold the same for the lifetime commencing from **14th** day of **July**, 2025.

2.0 COMMENCEMENT OF THE AGREEMENT:

The date on which this contract comes into effect is the day of signing of this contract.

3.0 THE TRANSFEE'S COVENANTS:
THE TRANSFEE'S COVENANTS WITH THE OWNER as follows: -

- (a) To pay the rent to the Landlord in manner it was before the transfer;
- (b) To pay all water, telephone, electricity and other charges whatsoever.
- (c) To use the demised premises for pharmacy business purposes as agreed by the parties only;
- (d) The **Transferee** shall not assign this Agreement or sublet all or any portion of the business place without the prior written consent of the Landlord.

4.0 OWNER'S COVENANTS:
THE OWNER'S COVENANTS WITH THE TRANSFEE ARE AS FOLLOWS:

- (a) To regulate the carrying out of all the activities on the premise in purpose intended in the business name of BELARO PHARMACY;
- (b) To pay and activate business name when requested.

5.0 VARIATIONS AND AMENDMENTS:

- 6.0 Any amendment or addition to this Memorandum of Understanding must be made in writing and amended or added with reference to the article of this Memorandum of Understanding must be signed by authorized representatives of the parties.

6.1. The review of this Memorandum of Understanding will be done whenever need arise after any one of the parties request to do so and through mutual consensus by both parties.

Any variation, modification or amendment shall be made in writing or orally and signed by both parties.

7.0 **LANGUAGE:**

This contract is made in English Language which is clear to both parties whose signatures have been hereto affixed with their seals (if any) in the presence of witnesses.

8.0 **DISPUTE RESOLUTION:**

That if any disputes arise, they shall be settled by mutual discussions. And if the discussion fails to produce any agreements, either party has the option to go a court of law of competent jurisdiction for redress.

9.0 **APPLICABLE LAW**

All disputes arising in connection with this Memorandum of Understanding shall be governed by the Law of contract Act. Cap. 345 R.E. 2019.

IN WITNESS WHEREOF, the Original Owner/ Transferor and the Transferee/New Owner have caused this agreement to be duly executed by their duly authorized representatives signed this Agreement in two original copies at the place(s) and on the date(s) below written:

Dated at Dar es Salaam this 14th day of July 2025

SWORN at Dar es Salaam by the said
REGINALD SIMON JOSEPH
who is known to me personally /who is
identified to me by..... the latter
being known to me personally this.....
day of July 2025


.....
TRANSFEROR

BEFORE ME:

Signature: 

Name: Oresto M. Njaka

Address: 1986 Bm



QUALIFICATION: COMMISSIONER FOR OATHS

SWORN at Dar es Salaam by the said
EVA YUSTO MSECHU

who is known to me personally /who is
identified to me by REGINALD SIMON the latter
being known to me personally this 19th
day of July 2025

~~TRANSFEE~~
TRANSFEE

BEFORE ME:

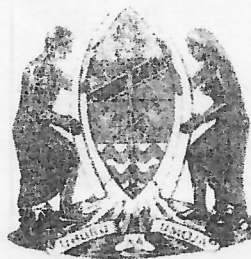
Signature: [Signature]

Name: Oresto M. Hapika

Address: 19876 Dar es Salaam



QUALIFICATION: COMMISSIONER FOR OATHS



Form 5

No: 438886

THE UNITED REPUBLIC OF TANZANIA

Certificate of Registration

The Business Names (Registration) Act (Cap 213)

I HEREBY CERTIFY THAT **BELARO PHARMACY**

this **19TH** day of **DECEMBER** year **2017** has been duly
registered pursuant to and in accordance with the provisions of the Business Names (Registration) Act and
the Rules made thereunder, and has been entered the Number **438886** in the Index of
Registration.

GIVEN under my hand at Dar es Salaam this **19TH** day of **DECEMBER**

TWO THOUSAND AND SEVENTEEN

Deputy Registrar of Business Names

NOTE - This certificate must be kept in a conspicuous position at the principal place of business. Any change in the particulars originally registered must be notified to the Registrar within twenty eight days.



CRDB BANK PLC
CASH DEPOSIT/WITHDRAWAL FORM
FOMU YA KUWEKA/KUTOA FEDHA TASLIM

Date/Tarehe

Branch/Tawi

Account Number

Account Holder's Name

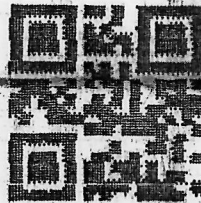
Namita ya Akaunti
2025-06-30 12:12:16

Jina la Mwenye Akaunti
Kinondoni Branch

01J1028116700

PHARMACY COUNCIL

Deposit/Withdrawal
Kuweka/Kutoa



Amount and Currency
Kiasi na aina ya Fedha

Transaction Type

Teller 400,000.00 TZS

CR

FB61721751274740

Signature/Sahihi:

Amisuzane

Mdavi

Name: Belaro Pharmacy - Sinza

Mobile: 255656203332

Customer/Mteja

Bill No: 991620313707

Provider: Pharmacy Council

Email: neillesanjuli@gmail.com

Customer will sign and stamp the form, counter signed and stamped by the teller



30/06/2025, TELLER 1

JAMHURI YA MUUNGANO WA TANZANIA
KITAMBULISHO CHA TAIFA
 THE UNITED REPUBLIC OF TANZANIA
 CITIZEN IDENTITY CARD

19731101-11461-00004-20

JINA : REGINALD SEMON
 Given Name


JINA LA MWISHO : JOSEPH
 Last Name

TAREHE YA KUZALIMA : 01 NOV 1973
 Date of Birth

JINSI : M
 Sex

SAINI:
 Signature

MWISHO WA MATUMIZI : 30 DEC 2026
 Expiry Date

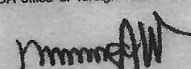


THE UNITED REPUBLIC OF TANZANIA CITIZEN IDENTITY CARD

19731101114610000420

Kitambulisho hiki ni mali ya Serikali ya Jamhuri ya Muungano wa Tanzania. Huruhusawi
 kufanya mabadiliko ya aina yeyote wala kumpata mtu ambaye haruhusiwa kukitumia. Kama
 kikipotea, au kuheribiwa taarifa kamili lazima iitwea Kituo cha Polisi na Ofisi
 ya NIDA au Ofisi ya Ubalozi ya Jamhuri ya Muungano wa Tanzania iliyo karibu.

The Identity Card is the property of the Government of The United Republic of Tanzania.
 It should not be tampered with or allowed to pass into the possession of unauthorised person.
 If lost or destroyed the fact and circumstances should immediately be reported to the Local
 Police and the nearest NIDA office or foreign Mission of The United Republic of Tanzania.


 DIRECTOR GENERAL
 NATIONAL IDENTIFICATION AUTHORITY